



March 31, 2025

To Whom It May Concern:

I have been asked by Robert Wegner, MD, to provide comment regarding after care for patients who have had recent or planned bariatric surgery after he received a 90-day notice of termination from his employer. He reports that they wanted him to continue seeing patients and performing surgery through the time of his termination. He reports that St. Francis has no other surgeons credentialed in metabolic and bariatric surgery to perform the follow up care.

MBSAQIP requires 30-day notice by the facility of changes to or departure of the MBS director.

I have reviewed the ASMBS Code of Ethics. It is reasonable to conclude that Dr. Wegner's statement to provide ongoing and emergency surgical care only for the next 90 days prior to effective date of separation is sensible and prudent, without having additional planned coverage for his patients. His decision to not continue elective planned operations follows the Ethics guidelines of the ASMBS.

ASMBS Code of Ethics, last revision, March 16, 2016, outlines responsibilities to patients and continuity of care. They are as follows:

Article II Responsibility to patients

First and foremost, all actions by the healthcare provider should be in the best interest of the patient. It is the surgeon's responsibility to select appropriate candidates for metabolic and bariatric surgical procedures, to perform appropriate preoperative evaluation, to perform

procedures which have acceptable safety and success outcomes as documented in peer reviewed literature, and to personally provide appropriate postoperative care and follow up.

Article IV, Continuity of Care

The surgeon must ensure appropriate continuity of care of the patient. It is not appropriate to delegate selection, preoperative evaluation and preparation, and counseling of the patient entirely to another medical professional. Consultation and evaluation by selected specialists are often required and indicated, but the surgeon must direct and supervise the overall management of the patient.

The surgeon is personally responsible for the patient's welfare throughout the operative procedure. The surgeon should be in the operating room or in the immediate vicinity for the entire procedure. If any part of the operative procedure is delegated to an associate, assistant, or resident, general supervision and active participation in key components of the operation by the surgeon is required.

Occasional surgery may be performed in locations away from the surgeon's usual clinical or training location for education or training purposes and in unusual or unforeseen circumstances. The habitual or frequent performance of surgeries in locations away from the surgeon's usual clinical or training location, however, cannot be condoned.

Postoperative care is the responsibility of the operating surgeon. If the surgeon must be absent during any portion of the critical postoperative period, coverage must be provided by another surgeon with appropriate skills and experience to render care equivalent to that of the operating surgeon.

Long-term care and follow-up are also the responsibility of the operating surgeon. While distance and convenience to the patient may require a portion of this care to be provided by another health professional, it is the responsibility of the surgeon to establish communication, provide appropriate patient information, and ensure proper continuity of care.

Sincerely,



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Chairman Ethics Committee ASMBS